



Please email This sheet to: yourfirstaid@sasktel.net

Pre-event First-Aid Standby Checklist requirements:

- Event name: _____
- Event organizer:
Name: _____
Phone #: _____
Email: _____
- Time (s) of event: _____
- Date of event: _____
- Place: _____
- Location: _____
- Expected Size of crowd or attendees: _____ (Approx.)
- Length of event (hours / days): **(Add as much detail as possible)**

- Low, Medium or High Risk Event: _____ (Approx.)
- # of First-Aid attendees needed: _____ (Approx.)
- Circle all that is needed for your event: (Approx.)

Mobile (Transport Vehicle) Mobile (Bike - 1, 2, 3, 4) Stationary Aid Station

Add any details that will help us to understand your event needs and requirements:

